ALL SUBMISSIONS MUST BE PRE-APPROVED BY LOCAL HEALTH JURISDICTIONS

DATE AND TIME RECEIVED **DATE AND TIME FINAL REPORT**

Public health Laboratories
1610 NE 150th Street, P.O. Box 550501
Shoreline, Washington 98155-9701
Virology (206) 418-5458 FAX 418-5485
Epidemiology 24 Hour Number (206) 418-5500
http://www.doh.wa.gov/Notify/forms/rabiesspec.pdf

LABORATORY REPORT & ANIMAL HISTORY
RABIES

LABORATORY NUMBER

OWNER'S NAME

STREET	CITY

COUNTY	PHONE NO.

MAIL RESULTS TO:

RESULTS:

ANIMAL	BREED OF DOG/BAT SPECIES

- ☐ Unprovoked Human Exposure
- ☐ Provoked Human Exposure
- ☐ Animal Exposure only.

INVESTIGATOR	PHONE NO. (SCAN)

Person(s) bitten or definitely exposed to saliva: (write additional names on back)

A	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	
B	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	
	NAME OF PHYSICIAN HANDLING CASE		OFFICE PHONE	OTHER PHONE
	ADDRESS			

ANIMAL HISTORY

OWNERSHIP: ☐ STRAY ☐ PET

VACCINATION STATUS: ☐ YES ☐ NO ☐ UNKNOWN IF YES, DATE

HOUSE SCREENED: ☐ YES ☐ NO

IS ANIMAL OF LOCAL ORIGIN? ☐ YES ☐ NO

HAS ANIMAL BEEN OUT OF STATE IN THE LAST 6 MONTHS? ☐ YES ☐ NO IF YES, WHERE?

DESCRIBE WHAT THE PATIENT HAD BEEN DOING PREVIOUS TO THE EXPOSURE AND HOW THE EXPOSURE TOOK PLACE

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	CLINICAL SYMPTOMS DURING PAST WEEK COMAPRED TO ANIMAL'S NORMAL BEHAVIOR	YES	NO	
	a. Aggressiveness	☐	☐	☐ ANIMAL HAD ABNORMAL SYSMPTOMS
	b. Ataxia	☐	☐	☐ ANIMAL WAS KILLED
	c. Irritability	☐	☐	☐ ANIMAL DIED DATE ANIMAL FIRST BECAME ILL DATE OF DEATH
	d. Anorexia	☐	☐	WERE OTHER ANIMALS EXPOSED?
	e. Lethargy	☐	☐	☐ YES ☐ NO ☐ UNKNOWN
	f. Increased Salivation	☐	☐	GIVE DETAILS

Additional person(s) bitten or exposed to saliva

C	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	
D	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	
E	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	
F	NAME	STREET	CITY	PHONE NO.
	PART(S) OF BODY EXPOSED		DATE OF EXPOSURE	